

Physical Therapy with Worker's Compensation Patients

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Treating injured workers



Work Comp Patients

- Nearly half of all work injuries are musculoskeletal in nature and may require Physical Therapy (39% sprains and strains the rest overuse type injuries MSD's) Total = 3.7 million OSHA recordable injuries 2008
- Very few of these patients are "faking"
- Healthy working adults = Sports medicine approach to PT
- Legal underpinnings are different and must be understood and managed
- Motivational challenges are different
- Impact of Physical Therapy is huge

How treating these patients is different

- Patient care is the same
- It's the administrative and communication differences

Federally mandated but state regulated

- Laws vary from state to state on compensability
- Employer control versus employee control varies from state to state
- Insurance requirements to cover medical costs

These Patients are Legal Claimants

- Paperwork is filed with employer based on state laws and statutes
- Authorization of Care
 - Injury event fast/cumulative trauma slow
- Required communication with payers and employers
 - (Self insured, TPA, work comp carrier, provider networks)
- Early on may not have an attorney but will eventually "lawyer up"

Legal Ctd.

- Payment in most states is driven by a fee schedule
- Aggravation of pre-existing condition?
Depends on the state
- Disability and impairment ratings calculations differ from state to state
- Bergstrom Decision (how hard does the employee have to look for work if they are on disability)

COMMUNICATION

- Multiple parties involved:
 - Employee
 - Employer
 - Physician
 - Case Manager
 - Insurance Adjuster
 - Specialist Physician
 - Attorney

COMMUNICATION

- Be careful what you say
- Be Proactive
- HIPAA obligations are different
 - (must distinguish between work related and personal medical)
 - The employer should have a designee assigned for you to contact.

COMPETING AGENDAS

- Employee (fear of further injury, loss of job, perception of co-workers, money)
- Employer (control costs, identify fraud, mitigate lost productivity, safety)
- Provider (defensible and reimbursable recommendations, retain clients, close cases)
- Insurance carrier (control costs)
- Case manager (control costs, outcomes, customer service)
- Attorneys (money, legal issues)

Work comp v. group health insurance patients

- Non-work comp decision making is consumer driven. Where to go, how many visits, etc.
 - “customer” patient and physician
- Work-comp patients are generally expected to comply with medical recommendations and are held accountable for compliance
 - “customer” is patient, employer, case manager physician etc.

Speed of Business (Business Culture)

- Health Care Culture is different than Business Culture
- Be willing to multitask for business clients
- They are busy too
- PT costs are a bummer for businesses
- Opportunity only knocks once

Documentation

- Functional = Work specific functional goals
- Objective measurements mandatory
- Specific timelines for completion
- Must make sense to all stakeholders
 - Watch for abbreviations and jargon on these notes

Treatment planning

- Focus is on return to work not necessarily pain resolution
- Able to do work activities is generally the stopping point
- Must use job description to guide treatment planning and goal setting
 - Employees account of what they are required to do
 - Employers account of what they do

Behavioral differences

- Inconsistent effort
- Pain behaviors
- Non-compliance
- Reported pain or difficulty inconsistent with physiological observations
- "Observed" performance versus "Unobserved" performance

Why the Behavior?

- Want people to take their complaint seriously
- Afraid their co-workers and boss don't believe they are hurt
- Afraid of further injury
- Learned behavior
- They are faking

Work Comp Model often = Best practice

- Functional Goal setting
- Objective nature of reporting
- Conscientious communication

- Bottom line this patient population keeps a therapist on their toes

Occupational Health Management Model - SPICE

- Simplicity
- Proximity
- Immediacy
- Centrality
- Expectancy



SIMPLICITY

- Treatment focused on injury itself
- Straightforward treatment planning
- Don't chase subjective symptoms around
- Deal with symptom magnification early

PROXIMITY

- Keep the patient emotionally and physically engaged in the work place
- Help foster at least modified duty work
- PT should work to quickly liberalize work restrictions

IMMEDIACY

- Timely interventions
- Time based outcomes

CENTRALITY

- Lots of agendas
- Communication and coordination is key
- Limit the number of stakeholders as much as possible

EXPECTANCY

- Patient involved in the goal planning
- Review job description with patient
- Establish expectation of compliance with appointments, exercise programs and safety recommendations

PT Treatment planning



PT Evaluation

- History – Context of the work setting
- Objective examination is the same
- BUT
- Demonstration of actual lifting and force requirements (Essential Functions must be quantified)

Job Specificity

- Functional performance requirements from:
 - Physical Demands Analysis
 - Job Description
 - Dictionary of Occupational Titles
 - Verbal information gathered from employer

Objective Reporting

- Specific functional descriptors
- Quantified objective measurements
- Specific time frames
- Objective report of compliance, effort (cov's)

Managing the Behavior

- Listen
- Respect
- Confront
- Observe
- Document
- Supervise

Documentation

- Well organized
- Before and after comparisons
- Limit abbreviations and jargon
- Goal Status must be objectively reported
- Make recommendations
 - Duty status
 - Return to Work
 - Referral to specialist

Progression of Activity

- Job description guides activity
- Exercise
 - Basic Therapeutic Exercise
 - Therapeutic Activity (work simulation)
- Education
 - Ergonomics and injury prevention
 - Body Mechanics

Work Simulation Exercises

- Understand the job tasks
 - Exercise repetitions should not be arbitrary (3 sets of 10)
 - Strengthen in work positions and postures
- Be Creative
- For larger clients bring in equipment actually used

Work Conditioning Work Hardening

- Work Conditioning more prevalent now
- Less time in clinic
- More focused activity
- Core stabilization and Aerobic conditioning, General Strengthening
- Work Simulated activity

PT AND INJURY PREVENTION



Ways to Prevent Injury

- Performance Testing
 - At time of hire
 - Annual testing
 - Return to work
- On Site Consultative services
- Wellness

Physical Performance Testing



Types of Physical Performance tests

- Post offer physical performance tests
- Return to duty or fit for duty tests
- Annual performance tests
- FCE's

Post Offer Testing of Potential New Hires

- Must be job specific
- Must be compliant with ADA and EEOC
- Must be safe for the patient
- Must have predictive value
- Program must be monitored

Job Specificity

- Ideally the test provider goes on site and measures the physical requirements of the job - Physical Demands Analysis (PDA)
- Essential Functions Testing can not exceed these measured physical requirements.
- Testing in excess of requirements creates ADA and EEOC exposure
- Testing less than requirements limits value

ADA and EEOC Compliance

- Job Specificity
- Must be done Post Offer
- ADA
 - employer must be careful not to "presume disability" must be careful about personal medical information
 - Employer should not try to interpret test data
 - Pass/Fail reporting
- EEOC – must not create disparate impact on protected classes

Test Safety

- Thorough Health History Survey
 - (not shared with the employer)
 - May screen employee without actually doing the test
- Vitals Check
 - BP
 - HR
- Release and employee responsibility for termination of testing
- Actual OBSERVATION of test subject

Program monitoring and maintenance

- Monitor Pass Fail Statistics with respect to protected class. Proactively identify disparate impact
- Make adjustments to tests and PDA's when physical requirements change these essential functions are never carved in stone
- Should be an ongoing collaboration with employer

Predictive value

- Monitor pass fail rates
 - Literature varies but generally fails should be in the 5-10 percent range
- Repetitive motion injuries? Limited value
- Lifting requirements less than 50 pounds? Limited value

Testing to return to work

- Return to Duty From a Work Comp injury
 - Overestimate job requirements to doc
- Fit for Duty from a personal injury
 - Under-report job requirements to doc
 - Send the doc the test – “they can’t do that”

FCE

- Also known as - PCE, FCA, Regional Assessment etc.
- Used to guide case management decisions
 - Usually done deeper into a case to guide decision making
 - Expensive tests with high financial stakes for recommendations

Components of an FCE

- Subjective pain questionnaires
- Musculoskeletal evaluation
- Often a machine is utilized to quantify strength and ROM and calculate cov's
- Work Simulation
- Aerobic performance
- Positional tolerance
- Fine motor performance

Recommendations from the FCE

- Temporary or permanent restrictions
- Identifying symptom magnification
- Case closure (maximum medical improvement)
- Disability status
- Impairment ratings
- Placement to a different job
- Case settlement

On-Site consultation for injury prevention

- Physical Demands Analysis
- Work Station Evaluation
- Time Motion Study
- On-Site education for employees
- "stretch and flex" programs

Physical Demands Analysis

- PDA, JA etc
- Basically on site direct measurement and observation of work activities
- Weigh objects lifted, measure heights, describe activities, measure frequency with which they are done.

How the PDA helps

- Frequently identifies unsafe lifting amounts or work habits to address
- Gives Objective data to support work place changes or improvements
- Helps identify frequency requirements with respect to work activities
 - Clarifies actual duration spent on task
 - Identifies opportunity for job rotation

Work Station Evaluation

- Assessment of a work station's ergonomic properties.
 - OSHA resources
 - Looking at physical and biomechanical parameters of work activity and work station
- PT can make recommendations for improvement
 - Seat height adjustments
 - Desk/Table adjustments
 - Ergonomic aids
 - Tool modifications

Time Motion Studies

- Looks at repetitive motion hazard for the wrist and hands
- Looks not just at frequency but:
 - Ergonomics
 - Force requirements
 - Duration
 - Posture
 - Pace/intensity

Education

- Ergonomics
- Posture
- Proper lifting technique
- Wellness pitch
- Employer should pay for this
 - Free = you get what you pay for
 - Investment leads to follow-through

"Stretch and Flex" programs

- May help – Can't hurt
- Unless exercises are done wrong...
- Usually in a train the trainer format to supervisors
- Appropriate time of work shift
- Buy in from supervisors and employees

Corporate Wellness

- PT opportunity to take a lead in this
- We have the best understanding of the link between physical requirements and fitness requirements
- Helps build safety and fitness culture for employer
- Positive interface with an employer's employees

Obstacles to Wellness

- For employers = cost
- For PT's Uncertainty about what they can and can't do with Wellness
- Workers – Don't have time/Don't want to. The ones who do participate are already healthy and exercisers
- This is an opportunity for the profession that we need to figure out
